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CUAdvantage

# *Holiday* SKIP-A-PAYMENT PROGRAM

## 2017



P.O. Box 446  
Bay City, MI 48707



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 936 BAY CITY MI

POSTAGE WILL BE PAID BY ADDRESSEE

FINANCIALEDGE COMMUNITY CREDIT UNION  
PO BOX 446  
BAY CITY MI 48707-9904  




NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# 2017 Holiday SKIP-A-PAYMENT PROGRAM

Have extra cash in your pocket for the holidays when you skip a payment at FinancialEdge Credit Union. Use the extra cash for gifts, vacation...or for anything you wish.

It's easy to request your Holiday Skip-a-Payment. Just complete and mail, or bring this form to any FinancialEdge Credit Union office and we'll process your request right away. Be sure to review the conditions below and the type of loans that are excluded from this offer. All eligible requests must be received by the 25th of November (for December payments) or the 23rd of December (for January payments).

|                                |                                |
|--------------------------------|--------------------------------|
| Account Number (last 3 digits) | Member's Name                  |
| Daytime Phone Number           | Joint Member's/Co-Maker's Name |
| Evening Phone Number           | Address                        |
|                                | City                           |
|                                | State                          |
|                                | ZIP                            |

Please skip ALL of my "eligible" loans.

Please skip just the loans listed below: I wish to skip payment(s) for the month of:  December OR  January

Account # (last 3 digits) \_\_\_\_\_ Loan # \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Account # (last 3 digits) \_\_\_\_\_ Loan # \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Account # (last 3 digits) \_\_\_\_\_ Loan # \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Account # (last 3 digits) \_\_\_\_\_ Loan # \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Enclosed is the check for the skip-a-pay fee(s). The fee is \$25.00 per loan.

Please deduct the skip-a-pay fee(s) (\$25.00 per loan) from my:  
 Savings Account # (last 3 digits) \_\_\_\_\_ Checking Account # (last 3 digits) \_\_\_\_\_

I/We understand that skipping my loan payment(s) will not affect the payment record of my/our account since the payment skipped will be added to the end of my loan. Interest will continue to be calculated on the total outstanding balance. If your loan payment is made via payroll deduction, the payroll amount will be credited to your residual account for the month that you elected to skip.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Member's/Co-Maker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NEW for 2017: To skip a holiday monthly payment(s), this form must be received by November 25 (for December payments) or December 23 (for January payments). FORMS RECEIVED AFTER THE DECEMBER 23RD DEADLINE WILL NOT BE ELIGIBLE FOR SKIPS.**

- |  |   |
|--|---|
| <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• All loans must be current.</li> <li>• First payment on any loan cannot be skipped.</li> <li>• Eligible loans must be at least 3 months old.</li> <li>• \$25.00 skip-a-pay fee(s) must be available.</li> </ul> | <p><b>Non-Eligible Loans:</b></p> <ul style="list-style-type: none"> <li>• Mortgages</li> <li>• VISA credit cards</li> <li>• Home Equity Loans (any type)</li> <li>• Revolving/Open End Loans (any type)</li> </ul> |
|--|---|

**Complete this form and mail with BUSINESS REPLY MAIL PANEL FACING OUT or take to FinancialEdge Credit Union.**

LOCATIONS: 1199 S. Euclid • 1304 N. Sherman  
(989) 892-6088 • www.finedgecu.org

**Credit Union Use Only**

| Account # | Loan # – Type | Payment Amount | Initials |
|-----------|---------------|----------------|----------|
| _____     | Loan # _____  | \$ _____       | _____    |
| _____     | Loan # _____  | \$ _____       | _____    |
| _____     | Loan # _____  | \$ _____       | _____    |
| _____     | Loan # _____  | \$ _____       | _____    |

Payroll Deduct \_\_\_\_\_ frequency  Auto Transfer \_\_\_\_\_ initials